

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

St. Joseph,Primary Registration District No. 1001

City

(No. 707 Faraon)File No. 241Registered No. 81St. Ward2. FULL NAME Frances Emily Sanders,(a) Residence, No. 707 Faraon

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred

yrs. 6 mos.

ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single,</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>9</u>	<u>23</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housework,</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Own Home,</u>
	10. Date deceased last worked at this occupation (month and year) <u>January 1932</u>	11. Total time (years) spent in this occupation <u>50</u>

12. BIRTHPLACE (CITY OR TOWN) Denver,
(STATE OR COUNTRY) Colorado, 213. NAME Walter P. Sanders,14. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England, 815. MAIDEN NAME Anna Frisbie16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England,17. INFORMANT Miss Ethie Sanders
(ADDRESS) 707 Faraon Street,18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Jan. 23, 193219. UNDERTAKER Heaton, Blyde, & Bauman
(ADDRESS) 310 S. 10th St. Funeral Home20. FILED 1-23, 1932 John R. Bender
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Jan 2, 1932, to Jan 22, 1932I last saw h. or alive on January 21, 1932. Death is saidto have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic ~~Myocarditis~~ Myocarditis andEndocarditis92B 92C 92D

Other contributory causes of importance:

Embolus to coronal arteries withresultant left side paralysisDName of operation none Date ofWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1932Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) W. Russell W. Manton, M. D.(Address) 1414 E. 10th St. St. Joseph, Mo.

